

## Child and Dependent Care

**Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

Child Care Provider's Information 2014      2013

Social Security Number or Employer ID Number	Amount Paid		
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Name

Street Address

City Phone

**U.S. Only**      State, ZIP

**Foreign Only**      Province/State, Country, Postal Code

2014      2013

Social Security Number or Employer ID Number	Amount Paid		
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